

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 240879US2SRD
		First Inventor or Application Identifier Shinji SUGIHARA, et al.
		Title PATTERN INSPECTION APPARATUS
		Assignee Name: Assignee Address:

17410 U.S.P.T.O.
10/647702
07728/U

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		Commissioner for Patents ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification Total Sheets 37		ACCOMPANYING APPLICATION PARTS
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 5		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. <input type="checkbox"/> Oath or Declaration Total Pages		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
a. <input type="checkbox"/> Newly executed (original or copy)		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small>		10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>		11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations (2)
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		12. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
a. <input type="checkbox"/> Computer Readable Form (CRF)		14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) <i>(if foreign priority is claimed)</i>
b. Specification or Sequence Listing on :		15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or		16. <input checked="" type="checkbox"/> Other: Request for Priority, Statement of Relevancy
ii. <input type="checkbox"/> Paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:		
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.:		
Prior application information: Examiner: Group Art Unit:		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
18. Amend the specification by inserting before the first line the sentence:		
<input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. Filed on		
<input type="checkbox"/> This application claims priority of provisional application Serial No. Filed		
19. CORRESPONDENCE ADDRESS		
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Docket No. 240879US2SRD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Shinji SUGIHARA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: PATTERN INSPECTION APPARATUS

FEES TRANSMITTAL

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ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	17 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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Respectfully Submitted,

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